

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Van Dyk

Signature of Treasurer

Electronically Filed by Robert Van Dyk

Date

05

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		140530.01
(b) Cash on Hand at Beginning of Reporting Period	126855.00	
(c) Total Receipts (from Line 19)	46740.61	181493.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173595.61	322023.67
7. Total Disbursements (from Line 31)	62583.32	211011.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111012.29	111012.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	45041.42	170864.19
(i) Itemized (use Schedule A)		
(ii) Unitemized	1699.19	10629.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	46740.61	181493.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	46740.61	181493.66
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46740.61	181493.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46740.61	181493.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1083.32	2611.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		1083.32	2611.38
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		61500.00	208400.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		62583.32	211011.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		62583.32	211011.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46740.61	181493.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46740.61	181493.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1083.32	2611.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1083.32	2611.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Debbie Lozano		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 10003 Woodloch Forest Drive Suite		Transaction ID: 25737938
City State Zip Code The Woodlands TX 77380-1920	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Healthmark Group	Occupation Vice President of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Mr. Greg Lentz		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 10003 Woodlands Forest Dr. Ste 25		Transaction ID: 25737944
City State Zip Code The Woodlands TX 77380	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Healthmark Group	Occupation Vice President Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Mr. Brent Barraclough		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 3849		Transaction ID: 25755326
City State Zip Code Salem OR 97302-0849	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer IDL Services, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Ken Beebe

Mailing Address 571 Hwy 51 Suite H

City State Zip Code
 Ridgeland MS 39157-2564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: 25762369

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Bill Phelan

Mailing Address 307 Westpark Ave.

City State Zip Code
 Tallahassee FL 32301-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Health Care Assn

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 7

Transaction ID: 25762826

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ron Arrison

Mailing Address 4088 N. Lake Forest Dr

City State Zip Code
 Memphis TN 38128-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
The King's Daughters and
Sons Home

Occupation
Nursing Home Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 25768169

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ron Arrison
Mailing Address 4088 N. Lake Forest Dr

City State Zip Code
Memphis TN 38128-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
The King's Daughters and
Sons Home

Occupation
Nursing Home Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 25768170

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr Brad Stebbins
Mailing Address 600 E Whaley

City State Zip Code
Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 25770409

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Mr Thomas E. Hill
Mailing Address 2901 Highway 82E

City State Zip Code
Greenwood MS 38930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Age Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 25770411

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Gail Clarkson

Mailing Address 1387 Club Drive

City State Zip Code
 Bloomfield Hills MI 48302-0823

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Medilodge Group

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 25770412

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr Howard Lipschutz

Mailing Address 1304 Laurel Oak Rd

City State Zip Code
 Voorhees NJ 08043-4392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burnt Tavern Rehabilitation
HealthCare

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: 25784237

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms Jan Thayer

Mailing Address 404 Woodland Dr

City State Zip Code
 Grand Island NE 68801-8857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Lodge

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: 25784239

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Giorgio
Mailing Address 3410 12th Ave. SW

City State Zip Code
Cedar Rapids IA 52404-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 25784299

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Ballif
Mailing Address 100 E. San Marcos Ste. 200

City State Zip Code
San Marcos CA 92069-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plum Healthcare Group LLC

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 25784301

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Ms Cheryl Rapp
Mailing Address 4001 Ponds Court

City State Zip Code
Pleasanton CA 94566-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARREI

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 25784303

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Andrew S Weisman

Mailing Address 5310 NW 33rd Avenue Suite 211

City State Zip Code
 Fort Lauderdale FL 33309-6376

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 25859127

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr. David Hebert

Mailing Address 7605 Ridgecrest Drive

City State Zip Code
 Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.68

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 25859133

Amount of Each Receipt this Period

43.65

C. Full Name (Last, First, Middle Initial)

Mr David Kylo

Mailing Address 4621 28th Road South
 PAYROLL DEDUCTION

City State Zip Code
 Arlington VA 22206-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.48

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 25859136

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

1333.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Nicholas Thisse

Mailing Address 80 Access Road

City State Zip Code
 Norwood MA 02062-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehab Associates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 25859141

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

John Kennon Shea

Mailing Address 1810 Gillespie Way, Suite 212

City State Zip Code
 El Cajon CA 92020-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon S. Shea and Associ-
ates

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 25859143

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Mr. Kenneth Preede

Mailing Address 13525 Virginia Willow Dr

City State Zip Code
 Fairfax VA 22033-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 25859145

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr Alfred Santos		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 57 Kilvert Street Suite 200		Transaction ID: 25859147
City Warwick	State RI	Zip Code 02886-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rhode Island Healthcare Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Tripp Francis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 102 Woodchase Park Drive		Transaction ID: 25873452
City Clinton	State MS	Zip Code 39056-4113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Trinity Mission of Clinton LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Ms. Vanessa Phipps Henderson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 114 Marketridge Drive		Transaction ID: 25873650
City Ridgeland	State MS	Zip Code 39157-9394
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mississippi Health Care Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms. Paula Mitchell

Mailing Address 1100 Monroe

City State Zip Code
 Globe AZ 85501-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copper Mountain Inn

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 25877567

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Susan Kottenbrook

Mailing Address 400 Meadowview Road

City State Zip Code
 Minden LA 71055-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Healthcare

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 7

Transaction ID: 25878652

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Francis P. Kirley

Mailing Address 6937 Warfield Avenue

City State Zip Code
 Sykesville MD 21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 7

Transaction ID: 25878654

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Marian Kirley
Mailing Address 1430 Progress Way

City State Zip Code
Sykesville MD 21784-6429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 25878655

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Mr Ron Taylor
Mailing Address PO Box 100129

City State Zip Code
Nashville TN 37224-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Care Assn

Occupation
Dir. of Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 25879891

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Joyce Humiston-Berger
Mailing Address 2781 Osborn Drive

City State Zip Code
Lake Havasu City AZ 86406-8629

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&G Management

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 25879905

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Stelling Nelson
Mailing Address 1005 Boulder Dr

City State Zip Code
Gray GA 31032-6141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Systems

Occupation
VP of Project Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 25879913

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. David Hebert
Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 25879932

Amount of Each Receipt this Period

43.65

C. Full Name (Last, First, Middle Initial)
Mr David Kylo
Mailing Address 4621 28th Road South
PAYROLL DEDUCTION

City State Zip Code
Arlington VA 22206-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 25879937

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

1083.21

TOTAL This Period (last page this line number only)

45041.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. BB & T

Full Name (Last, First, Middle Initial)

Mailing Address Operations Center
Post Office Box 819

City State Zip Code
Wilson NC 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25908497

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. BB & T

Full Name (Last, First, Middle Initial)

Mailing Address Operations Center
Post Office Box 819

City State Zip Code
Wilson NC 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25908575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Coleman for Senate '08

Mailing Address 7300 Hudson Blvd.
Suite 270A

City State Zip Code
St. Paul MN 55128

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Transaction ID: 25670205

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BRIDGE PAC

Mailing Address 499 South Capitol Street, SW
Suite 412

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25729998

Date of Disbursement

04 / 05 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Freedom & Democracy Fund

Mailing Address 610 South Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25730019

Date of Disbursement

04 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dick Durbin

Mailing Address PO BOX 1949

City
Springfield

State
IL

Zip Code
62704

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Richard Durbin

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 1

Transaction ID: 25865352

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Mailing Address PO BOX 1949

City
Springfield

State
IL

Zip Code
62704

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Richard Durbin

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 1

Transaction ID: 25865355

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 135 Ashman

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Dave Camp

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 4

Transaction ID: 25865324

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

PAGE 20 / 26

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressman Bart Gordon Committee

Mailing Address PO Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Bart Gordon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 6

Transaction ID: 25865335

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Cong. Bill Young Campaign Cmte

Mailing Address 5959 Central Avenue
2407 Rayburn House Ofc Bldg

City St. Petersburg State FL Zip Code 33710

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. C.W. Young

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 25865321

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mikulski for Senate

Mailing Address PO Box 13147
SH-709 Hart Senate Ofc Bldg

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011
Category/
Type

Candidate Name
Senator Barbara Mikulski

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: MD District: 2 2010Primary

Transaction ID: 25865356

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for David Obey

Mailing Address 932 Ross Avenue

City
Wausau

State
WI

Zip Code
54401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. David Obey

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 7

Transaction ID: 25865348

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd St., N.E.

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 25865339

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Ron Lewis for Congress

Mailing Address 1705 N. Dixie Star PLaza, #73
2233 Rayburn House Ofc Bldg

City
?Elizabethtown

State
KY

Zip Code
42701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Ron Lewis

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 2

Transaction ID: 25865341

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Pete Stark

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 25865337

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Peterson

Mailing Address 1524 West College Avenue

City
State College,

State
PA

Zip Code
16801

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. John Peterson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 5

Transaction ID: 25865333

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Collins for Senate

Mailing Address 202 Harlow Street
Room 204

City
Bangor

State
ME

Zip Code
04402-1096

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ms. Susan Collins

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 25865345

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capito for Congress

Mailing Address PO Box 11519

City
Charleston

State
WV

Zip Code
28339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Shelly Moore Capito

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District: 2

Transaction ID: 25865351

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Ross for Congress

Mailing Address 411 S. Victory #206

City
Little Rock

State
AR

Zip Code
72201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Mike Ross

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District: 4

Transaction ID: 25865349

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Herseth for Congress

Mailing Address PO Box 85352

City
Sioux Falls

State
SD

Zip Code
57118

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ms. Stephanie Herseth

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD

District: 1

Transaction ID: 25865350

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hobson for Congress

Mailing Address 82 W. Columbia St.
1507 Longworth House Ofc Bldg

City Springfield State OH Zip Code 45502

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Dave Hobson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 7

Transaction ID: 25865331

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hall For Congress Committee

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Ralph Hall

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 4

Transaction ID: 25865343

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Impact America

Mailing Address 228 S. Washington St. #340

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25865336

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Ryan For Congress

Mailing Address 80 F St Nw Suite 804
Suite 804

City Washington State DC Zip Code 20001

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Timothy Ryan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: 25865325

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walsh for Congress Committee

Mailing Address P.O. Box 1974
1330 Longworth House Ofc Bldg

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. James Walsh

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 25873394

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cummings for Congress

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203-1631

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Elijah Cummings

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 7

Transaction ID: 25873392

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phil PAC

Mailing Address 104 Hume Avenue

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25873390

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

61500.00